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REMARKS ON THE USE OF THE HAY-HOOK, ILLUSTRATED WITH CASES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When on my way to the White Mountains, in the summer of 1837, I spent a day or two at the Shakers' Village in Canterbury, N. H. This is unquestionably one of the most delightful locations in New England; and although the mechanic arts are cultivated here to some extent, the general aspect of the place is decidedly agricultural. Such a succession of widely extended and highly cultivated fields, with corresponding herds of domestic animals, I had never before seen. Every operation in this branch of industry, seemed to move on with the regularity of clock work. Here was also exhibited a fine display of agricultural improvements, in successful operation; but as I abhor *long preambles*, I will give but a single specimen. I found the brethren not only raking, but pitching, their hay by horse-power. Their carts were constructed in such a manner as to facilitate the operation of pitching, and, at the same time, to save a great part of the labor of raking after. While standing in one of their long barns, with watch in hand, and curiosity on tiptoe, to witness a specimen of the horse-fork pitching, a ton of hay was taken from a cart at five forkfuls, and snugly deposited on the top of a high mow, in the short space of six minutes. What was left in the cart would not have furnished a baiting for the horse that performed the labor. This seemed to be a mere common business transaction: I was unable to discover, in their movements, the least appearance of striving against time. One of the brethren coolly remarked, that *the hay was rather too short to pitch well.* Three other loads came in, by different teams, while I remained in the barn, and were disposed of in the same summary manner.

I find in my journal, kept at the time, the following scrap relating to this mode of pitching. "Everything being prepared, the horse at work in the yard, and the fork concealed in the hay, all at once, as if by magic, magnetic attraction, or some other hidden power, the whole top of the load begins to rise; then, as the executioner, at the critical moment, steps from the settling platform, that he may not be pitched down, so also the man on the cart steps from the rising hay, that he may not be pitched up. This operation, taken as a whole, seemed more like Sampson pulling up the posts, and marching off with the gates of Gaza, bar and all, than anything I had yet seen. It was not only worth seeing, but it was worth going to see."

It is to be regretted that, notwithstanding the various and successful efforts of yankee ingenuity to diminish the labor of making, moving, weighing, and feeding out hay, many a thrifty farmer still retains and uses that miserable substitute for a pitchfork, the old-fashioned hay-hook. This is a vile instrument of the harpoon kind; better adapted to dragging sharks "from the vasty deep," or Seminoles from a Florida bog, than to feeding horses and cattle. The process of pulling hay with this instrument is slow and laborious; and to a shivering boy, on a cold morning, there is nothing particularly interesting in it; consequently, the horse that receives his rations in this manner, is too often put on short allowance—or, in diplomatic phrase, *his expectations are not always realized.*

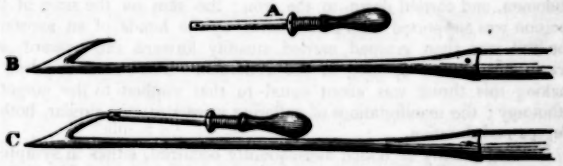
But there are other, and more weighty reasons for abandoning the use of the hay-hook altogether. It is not merely a useless, but is absolutely a dangerous implement—not dangerous in its use, but in being about the premises. It occasionally inflicts wounds of the most formidable character; and I can truly say, they are not of very rare occurrence. In a country practice, not very extensive, quite a number of such cases have fallen under my notice; and I am constrained to add, that too many of them have terminated in death. I believe that wounds from the hay-hook are most frequently made, while the individual is in the act of sliding or jumping from an elevation to a body of loose hay lying below him. The instrument standing point upward, and concealed by the hay, is apt to enter the abdomen through the pelvis. At any rate, it has happened so in almost every bad case that I have seen. When the hook is carefully set away, with the point down, it is more secure; the barb only stands ready to perforate a foot, or touch an ankle-joint, as the case may be. But these are minor injuries when compared with such as we are about to describe.

I am fully aware that the reports of many cases, important in themselves, lose much of their interest when drawn out into minute details; and taking for granted that no one cares to be informed whether the patient took a spoonful of laudanum at night, or a bowlful of gruel in the morning, I shall abstain from the discussion of any such matters; and in my descriptions shall only be solicitous to make myself clearly and distinctly understood.

Case I.—During my residence in Concord, N. H., an elderly man, in sliding from the upper to a lower part of a scaffold, received a wound from a hay-hook, standing with the point upward, and leaning against the hay below. It entered the pelvis near the rectum. By passing a finger through the sphincter, we were able to ascertain the position of the hook; the barb could be felt through the rectum, but the intestine had not been perforated. We next dilated the wound already made, and were able, by introducing a finger by the side of the rod, to feel the naked point of the barb. This was about two inches from the external wound. We then concluded to attempt the extraction.

A common round trocar was procured; the canula slipped forward half an inch beyond the point of the stilet, and wedged on by drawing a thread through the canula; the vacant space below the handle was

closely wound with waxed thread—making an open-mouthed silver tube, strongly attached to a handle. Having again placed a finger on the point of the barb, and ascertained, by a steel director, that there was nothing included between the barb and the rod, the canula was carried forward on the finger, and made to receive and cover the end of the barb. This was with some difficulty effected, while the trocar was lying obliquely across the rod, with the handle on the opposite side. The trocar was afterwards raised by force to a proper position, and held in its place, with its handle in contact with the rod of the hook; the finger remaining in the wound to guard the junction of the tube and barb, both instruments were extracted together.



A, the trocar prepared. B, the hay-hook. C, the trocar applied, as in Case 1st.

The patient was a feeble subject and had a lingering confinement, but ultimately recovered. I have never since had occasion to use the trocar in this manner, and know not that the practice has been adopted by others. It must always require a combination of circumstances to render it practicable. I can only say it succeeded for once.

Case II.*—In the evening of the 2d of February last, I was called in consultation with Dr. Kittredge, of Tewksbury, to a young man in that place, 15 years of age, who had received an injury from a hay-hook. This happened very much in the usual manner, by a slide from a mow of hay about seven or eight feet high. There was, however, one peculiarity in the manner; the hook had been used at some former period, and left hanging by the barb near the top of the mow. The young man felt the point of the hook at the moment he commenced his descent; and exerted himself to the extent of his power to stop his progress by holding back with his hands. He did not succeed; he went down to the floor, with the hay-hook under him. It entered on the left side of the perineum, passed obliquely under the pubes, and made a small puncture in the skin, at a point two inches below the umbilicus, and one inch from the linea alba, on the right side. It was an iron hook, two inches across at the point of the barb, rather long in proportion to its width, with a wooden handle attached to it by a socket.

I saw him two hours after the accident. We first proceeded in our preparations to cut off the rod below the socket. Having procured a blacksmith's vice of the largest size, and attached it to the floor and the bedstead in a substantial manner, we brought the patient to a suita-

* My interest in this case was not a little increased from the circumstance that the subject of it had been once an inmate of our family, and was nephew to my lamented friend and partner, the late Dr. Brown.

ble elevation, lying on his back, with the lower limbs bent and supported, placed the rod in the vice and gave the screw a strong turn. Then by the application of a cabinet-maker's fine saw, running in oil, the rod was separated between the socket and vice. The sawing was carefully performed by Dr. Hill, who favored us with his assistance on the occasion. We had then an iron rod, three fourths of an inch in diameter, at the end, projecting from the perineum about six or seven inches. Thus far no distressing shock had been given to the patient by our movements, though he had been exceedingly restless from the time of the accident.

What remained to be done was quickly accomplished. An incision was made, an inch and a half long, beginning at the puncture in the abdomen, and carried down to the iron; the skin on the sides of this incision was supported and made tense by the hands of an assistant; the rod was then grasped, carried steadily forward and upward, and drawn out at the opening in the abdomen. The force required in making this thrust was about equal to that applied to the gorget in lithotomy; the manifestations of suffering were also very similar, both in degree and duration.

Nothing worthy of notice subsequently occurred, either in symptoms or treatment. In about three weeks he was dressed and walking about the house. If, in the foregoing case, we had had no guide to the point of the hook, I should have attempted extraction by means of the trocar, and, as I believe, with some prospect of success. But as it was, the method adopted was undoubtedly preferable.

Case III.—This is out of its order in point of time: it was the first of its kind that I had ever seen; the time, place and circumstances, made an impression on my mind both deep and lasting. In the early days of my practice, when calls were few and far between, I was called to a man who had, two days before, fallen on the point of a hay-hook. It entered near the os coccygis, and made a deep plunge into the abdomen. This was a consultation with Dr. P——. The doctor had seen some service; was neither young nor timid; he was said to be a man of quick judgment and great skill, especially in the fore part of the day. He was, moreover, a lucky man, and had jostled into the right place; his praises were shouted in every cabin. On my arrival, the patient *spake not:* his wife expressed her satisfaction with everything that had been done, but sagely added, *in the multitude of counsel there is safety.* The doctor had made repeated attempts to remove the hook by pulling at the handle; at the same time applying his foot to the patient, by way of counter-extension. He said it was all of no use, he could draw it down a part of the way, but it would always hang at the same place. I was in at the death, but was spared the shudder of witnessing the practice. Post-mortem examination objected to, of course.

When I assert that the hay-hook is a dangerous instrument, because it sometimes inflicts dangerous wounds, I am aware that the same may be said of many other working tools. For example, the scythe: this also produces its surgical cases; but, be it remembered, the scythe is confessedly a dangerous implement, and is therefore generally handled with care. Not so with the hay-hook; this takes rank with the shovel

and hoe; its place is anywhere, and is generally found where last used. If, after using, the hay-hook had always been plunged into the ground, with the same care that the scythe is suspended on the tree, it might have prevented some of those appalling accidents, over which the resources of surgery have but a limited control, and which never fail to communicate to the by-stander an indescribable thrill of horror.

Billerica, March, 1840. Respectfully and truly yours,
Z. Howe.

MEDICAL REMINISCENCES.—NO. IV.

[Communicated for the Boston Medical and Surgical Journal.]

I MENTIONED, in my first communication, that the dysentery prevailed extensively in the village of my former residence, in the summer of 1825. The introduction and spread of this disease was so remarkable that I have thought it may be interesting to some of your readers.

On the 10th day of July, 1825, a young mechanic from New York, sick with the dysentery, came in the steamboat, and landed in Wethersfield at the house of his mother. I happened to be present when he arrived, and gave him some remedies and prescribed a strict regimen for him. The next day he was better, and on my third or fourth visit I found him "out gunning." The disease was very mild, hardly attended by fever, and his recovery was so complete that he returned to his employment in a very few days.

The season was remarkably dry, the ground much parched, and the weather very warm. The neighborhood in which the young man's mother lived, was on an eminence, about 70 feet above the surrounding plain, and about 100 above the bed of the river. It consisted of 14 houses, all within the distance of 100 rods. So dry was the season, that the wells of the neighborhood afforded no water, and all the families were supplied from the wells at the base of the hill, a quarter of a mile distant. The Connecticut river was about a mile from this little village. Between the two was a low marsh of many hundred acres, covered with rank water vegetation, which was now exposed in an unusual degree by the subsidence of the water, and presented a mass of vegetable putrefaction. The whole town at this time was unusually healthy.

About ten days after the arrival of the sick young man, two young ladies residing in the immediate vicinity of the residence of the young man's mother, were attacked violently with the dysentery in one night. In a day or two a third was attacked, and also the mother and sister of the young man. The three young ladies had not seen the patient, excepting as he walked abroad after his recovery. The mother and sister had done for him the little nursing that he needed. The mother was a timid woman, and was afraid of "catching it;" no one else felt the least apprehension. From this time it spread rapidly. From 1 to 8 persons were attacked daily, till every house on the hill was a hospital. *Forty-one* cases occurred in the 14 houses, in such rapid succession, that not one of the number could be considered convalescent till

the whole were prostrate with the disease. Some of the cases were extremely severe, and some considerably protracted. All ultimately recovered, but an aged lady whom I did not see.

A poor, feeble woman, afflicted with asthma, resident in the infected district, fearing that she might be attacked, moved to the house of a friend in a distant part of the town. She was, however, taken sick on the very night of her arrival, and had a severe attack of the disease. Within 24 hours of this time, a case appeared in the immediate neighborhood, and from the time that this woman sickened, the disease spread into six or seven houses. In ten days sixteen persons were prostrate with it. The cases were similar, many of them very severe, and one proved fatal.

At the same time a young woman who resided in the family of the only physician in the town, excepting myself, went on to the "hill" to take care of her mother, who was at the time sick of the dysentery. In 48 hours she returned sick of the disease, and almost immediately members of the family sickened, till, one after another, eight persons were down with it, and some of them very sick.

In about 25 days this number of cases had occurred—in all 65; and with the exception of these two infected neighborhoods, and this family, which was distant from both, the town continued healthy. During the month of August the disease extended throughout the village; and when it appeared in a family, generally two or three or more members of it would be attacked in such rapid succession as to preclude the possibility of infection. From this time it spread rapidly, till some time in September, when it ceased altogether.

In the period of about eight weeks, there were *one hundred and forty-seven* cases of severe disease, attended by a fever of considerable violence, and an unusual degree of local suffering in the form of *tormina* and *tenesmus*. Four cases, only, proved fatal. One an aged female, who did not see a physician; one an aged female, who was worn out with protracted local symptoms; one was a person suffering under marasmus; the fourth is not recollected, and was omitted in my minutes taken at the time.

It may not be improper to remark that between the "hill" and the river, on the plain below, was a street of a dozen houses, which entirely escaped the disease.

The following history of malaria, which occurred under my own observation, is subjoined.

In the month of September, 1828, an unusual "freshet" took place in the Connecticut river, covering the highest land of the "meadow" with its flood of waters, and inundating thousands of acres of land covered with rich and luxuriant vegetation. Many hundreds of acres of corn, potatoes, and other vegetables, nearly fitted for the harvest, were destroyed by it, and lost to the husbandman. After the waters subsided, an abundant coat of "slime" covered the surface of the land on which the flood had rested. All vegetable substances perished, and went rapidly to putrefaction. The weather following the "freshet" was remarkably mild and warm, which favored the rapid decomposition of

the immense mass of vegetable matter which was accumulated on the surface of the earth. In a very few days after the subsidence of the waters, the whole country, for miles in extent, was black with putrefaction, and exhaled such a disagreeable odor that it was exceedingly unpleasant to pass through the fields.

The wind prevailing for many days in succession from the south west, was favorable for the village of Wethersfield, which lay stretching along the borders of the low land on the west side, several miles in extent. On the *eastern* side of the river, from half a mile to a mile distant, is the extensive and populous street of the town of Glastenbury. In all its range the odor of this "malaria" was rank and disagreeable. Soon fever began to prevail, of the character of the common autumnal disease of this region. In the course of a few weeks more than *forty* distinctly marked cases of this fever occurred in this devoted street. A village of 20 houses, immediately on the bank of the river, almost entirely escaped infection. Not a single case appeared on the west side of the river, as far as recollected. The street above mentioned, where the disease prevailed, is dry and sandy, and usually healthy. S. B. W.

Worcester, Feb. 15th, 1840.

MORTALITY IN QUINCY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The statement of W. A. Alcott, in a late number of your Journal, respecting the mortality of New England, has justly caused some excitement among the physicians of this section of our county to find out the truth. In order to aid their cause, I send you the following statistics of Quincy, for the last thirty-nine years. The stillborn, which do not average above two a year in this town, are not included. The records of the deaths for the last five or six years have been kept by myself. The number of deaths for the remaining years is taken from the town records. In order to ascertain the population of each year, I have divided the increase of every ten years equally among those years.

Years.	Deaths.	Pro. to pop.	Years.	Deaths.	Pro. to pop.
1800	18	1 in 60	1814	32	1 in 42
1801	23	48	1815	20	74
1802	27	42	1816	25	60½
1803	40	29	1817	25	61¾
1804	15	79	1818	24	65½
1805	25	48	1819	22	73
1806	22	56	1820	22	74
1807	22	57	1821	29	58
1808	19	67½	1822	30	46
1809	18	72½	1823	28	64
1810	26	51	1824	14	132
1811	13	105	1825	38	50
1812	22	63	1826	44	44½
1813	20	71	1827	22	9x

Years.	Deaths.	Pro. to pop.	Years.	Deaths.	Pro. to pop.
1828	28	1 in 74¼	1834	33	1 in 80
1829	47	45½	1835	26	105
1830	23	95½	1836	30	94½
1831	23	100	1837	40	76
1832	43	56	1838	50	61
1833	37	68	1839	52	62

For the first 20 years of the above period, the average number of deaths was 23, and the average proportion 1 in every 61 3-10 of the inhabitants. In the 10 years from 1820 to 1830, the average 31; and the average proportion 1 in 68. For the last 9 years, the average number of deaths has been 38; and the average proportion 1 in about 69 of the inhabitants.

It may be well to mention that our extensive sea coast, and numerous quarries, cause every year many accidental deaths, which do not occur in interior towns.

E. Woodward.

Quincy, Mass., Feb. 26, 1840.

ANOMALOUS SOUNDS IN THE EAR—SUCCESSFUL TREATMENT.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The most remarkable cases which come under the notice of the physician, are not always the most instructive. The case I am about to state, although it may be common enough, is yet instructive as showing the highly stimulating effects of the remedy, under certain circumstances, which was employed. Unquestionably these effects were owing to the *creosote* existing in the article made use of, which was *pyroligneous acid impura*. Every observation on the effects of newly discovered therapeutic agents, tends to throw increasing light on their nature and uses. New medicines, like new dogs, have their day. They are trumped up as having in some one's practice cured most of "the ills flesh is heir to." But on the whole, from their very general, I had almost said indiscriminate use, they ultimately arrive at their proper place in the Pharmacopœia and in the estimation of the prescriber. But there is danger of making some one medicine a hobby, and more especially if that be a new medicine. Even an Abernethy could manufacture that useful article, a hobby horse, from no larger a material than a five-grain blue pill.

—— —— consulted the writer under the following circumstances. Headache of the most intense and excruciating character; violent inflammation of the right eye, which looked more like a mass of raw beef than anything else, and covered with large granulations; has slept none for nearly a week; described herself as being almost crazy with protracted pain and vigilance. Prescribed a lotion of nit. arg., pretty strong, and directed its application thrice *per diem*, and to be diluted, if pain and smarting, caused by its application, should continue longer than an hour. As the secretions were universally deranged, gave mercurial aperients and regulated the diet. Under this treatment a very

speedy amendment followed, granulations disappeared, inflammation subsided, and the general health was very much improved. Vision, which the poor woman never expected to recover, while she begged only for relief from pain, gradually, though slowly, returned, and is now complete.

Some considerable time previous to her coming under my care, this patient began to experience, in the right ear, a reduplication of sounds, which lasted about six weeks. Then followed an incessant noise, like that of threshing grain on a barn floor. This gave place to a sound resembling the rushing of the wind through a grove. This was succeeded by the sound of a saw-mill, which gave place to a sound like the constant ringing of a bell; all in the right ear. It will appear, I think, that these were closely connected with the subsequent attack of the eye. She consulted a physician for these abnormal sounds, and was directed an emetic, as he referred her disorder to derangement of the digestive organs. Purgatives; venesection, which was recommended by another medical gentleman, and various remedies, were resorted to in vain, and at last, when the irritation had assumed the violent character of inflammation of the conjunctiva, and had continued nearly a week, she, as previously related, came under my care. On the eye getting well, the noise in the ear returned, and the patient again requested medical aid. With this continual irritation I was wearied, and determined to stimulate, by direct application, the tissue of the internal ear. Directed her to let fall two drops of pyro. acid into the ear, and after retaining it there for five minutes, wash it out with warm ol. amygd.

The application proved successful, but produced no small alarm on the part of the patient and her friends. The acid had not been dropped into the ear more than two minutes, when she was suddenly attacked with the most intense pain, which continued, and even increased to such a degree that she felt, as she expressed it, "as if she would certainly go crazy;" and finally, delirium of considerable violence supervened, but gradually abated as the pain subsided. Next morning, for the application was directed to be made in the evening, she became somewhat easier, and the pain gradually left, while the abnormal sounds have entirely ceased. H.

H———, N. H., March, 1840.

EPIDEMIC TENDENCIES OF DIFFERENT SEASONS.

[The following remarks on the varying effects, upon disease, of the different constitutions of the atmosphere, are from one of Dr. Gerhard's clinical lectures at the Philadelphia Hospital.]

In connection with this subject, it may be useful to make a few remarks in relation to the epidemic tendencies of different seasons, and the modifications thereby impressed upon the characters of prevailing diseases. It is in the winter that we most frequently meet with typhus and typhoid fevers, either in a sporadic or epidemic form. But during the present season, we have not had a single case of the former, and but one of the latter. Such variations from the usual course of things

are witnessed every year, and in relation to every form of disease. They are undoubtedly owing to some inappreciable modifications in the constitution of the atmosphere, which are dependent upon causes which it is impossible to ascertain. However this may be, the constantly varying characters of disease thus produced, demand the closest attention from the physician; for every such variation requires a corresponding modification of treatment: so that the same disease in different years, may call for the most opposite remedies for its cure. This subject received much more attention among some of the older writers, than it does at the present day. Sydenham, particularly, noticed the varying aspect of the epidemics which prevailed in London during his time; and he remarks that a physician should pay attention to the phenomena of the first few cases of every epidemic, and the effect of remedies upon them. From a few observations of this kind, he will be taught how to conduct himself through the whole course of the epidemic; for at each re-appearance of such a disease, it bears a certain physiognomy or general character, which attaches itself to nearly every case. Thus, there is sometimes an inflammatory, sometimes a typhoid tendency, and so on. This is true, not only of those diseases which are met with everywhere, but equally of those which are peculiar to certain localities or climates. These have certain general characters derived from the circumstances under which they occur, but constant as they are, they are subject to frequent modifications from the epidemic influences which may happen to prevail. This fact is familiar to every physician who has had much experience in the miasmatic districts of the South. It is also illustrated by the history of the yellow fever of the West Indies. For many years this disease annually prevailed in the island of Martinique, and in a most destructive form. It then disappeared altogether for a considerable period; and when it again broke out, it was found to be greatly changed in its aspect. Instead of being uniformly fatal, it was so mild that less than five per cent. of the cases which were treated at the commencement, terminated unfavorably. It likewise attacked the old inhabitants, as well as strangers; whereas, in former years, it had been confined exclusively to those who were not acclimated. A corresponding change became necessary in the treatment of the fever. It is owing to annual changes of this sort, that remedies which are at one time looked upon as specifics for the cure of epidemic affections, at another time lose all their value, and unless the physician is prepared beforehand for such anomalies, he will often be disappointed and confounded, by the failure of plans of treatment which he had before believed to be infallible.

The remarks which I have made apply not only to those diseases which ordinarily prevail as epidemics, but to the most simple sporadic diseases. I have, during the present season, called your attention to this fact time after time, in speaking of pneumonia. This is one of the most strongly characterized of all affections—so much so that it is often assumed as the type or standard of inflammatory diseases. Yet it is subject to perpetual variations in its character, as often as the season of its prevalence returns. This winter, as you know, it has been chiefly

of an asthenic type, and in many cases it has even required a more or less stimulating treatment. In other years it is of the most violent inflammatory character, and demands the most vigorous depletion, and contra-stimulants. In the winter of 1834–5, when I was resident physician in the Pennsylvania Hospital, nearly all the cases of pneumonia were of the latter kind, and bleeding and tartarized antimony were as frequently employed as senega and other stimulating expectorants are at present.

The principle which I have endeavored to impress upon your minds, derives a further illustration from an epidemic which is at present quite prevalent in some districts of this city—I mean scarlatina. A great number of cases have occurred, but they are of a very trifling character, and require almost no treatment. I have met with no fatal cases of it, and it is probable that in cases which are treated from the beginning with remedies which do not interfere too much with the natural course of the disease, there is little danger. In general, nothing more has seemed to be required than to watch the course of the disease, assist the natural tendencies, and prevent the interference of injurious circumstances.

I have been induced to make the foregoing remarks by a conviction of the immense practical importance of the principle which they inculcate. My experience in this matter has been extensive, and I am fully persuaded of the truth of the maxim of Sydenham—that an attentive observation of the peculiarities of the first few cases of each epidemic, will furnish the physician with a key to all the rest.—*Med. Examiner.*

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BOSTON, MARCH 11, 1840.

MEMORANDA FOR PRACTITIONERS OF MIDWIFERY.

Mr. L. W. Ransom, of New York, has sent forth a re-publication of Rigby's Memoranda for Practitioners, corrected and enlarged by S. C. Foster, M.D. It is a neat and convenient little thing, and its very size, in connection with its intrinsic merits, is sufficient to recommend it to the particular notice of practising physicians. In the first place, there are but sixty-two pages of it in all, in a 32mo form, and yet it treats distinctly and appropriately of the changes which the uterus presents during pregnancy; the signs of pregnancy; extra-uterine pregnancy; premature expulsion of the fœtus; natural labor, after treatment; natural presentations; dystocia, or difficult labor; turning; on the forceps; perforation; artificial premature labor; signs of the child's death; placenta prævia; prolapsus of the umbilical cord; convulsions, &c. &c. Mr. Ticknor, at the corner of School and Washington streets, has a few copies for the physicians of the north.

Perkins Institution for the Blind.—A very satisfactory report has just been given to the public by the managers of this excellent institution.

Since the occupancy of the new building at South Boston, the whole internal arrangement and economy of the establishment has been changed for the better. The grounds, the beautiful elevation of the principal edifice, and the quiet location, must convince every one of the superior advantages of the new, over the old residence in Pearl street. Health as well as personal individual comfort is now secured in a manner the most gratifying to the benevolent. Strangers, who visit this metropolis, should not forget to examine the Institution for the Blind, it being one of the prominent charities of New England, and on a scale of magnitude to excite the surprise and admiration of all persons.

Dr. Lewis's Medical School.—It is understood that the gentleman whose name is prefixed to this article, has withdrawn from the private school with which he has been connected for several years, and commenced *de novo*, on his own account, to receive pupils. It is uncertain whether the gentlemen who labored in company with Dr. Lewis will continue the course of instruction or not. As soon as the point is ascertained, on account of those who have an interest in the course of medical tuition given by them, we shall make mention of the circumstance. In the mean time Dr. Lewis, with his tact, his library, and his obliging and courteous deportment towards students, cannot fail to be surrounded by as many pupils as he can conveniently accommodate.

New York Dispensary.—One of the trustees has kindly sent us the last report. The great multitude of 13,557 persons were supplied with medicines and attended by the physicians of that mammoth dispensary the last year. The institution has been in operation half a century. Whole expense for twelve months, including $1894 16 for salaries of physicians, &c., $3294 51. During that period, the income, principally from donations, was $3294 51—but unfortunately, $600 of this sum was *borrowed*. The dispensary, therefore, notwithstanding the great amount of good it is doing in the community, is suffered to drag through the embarrassments and inconvenience of a debt.

Insane Hospital, Worcester, Mass.—Dr. Woodward, under whose vigilant superintendence the Massachusetts Hospital for the Insane has acquired great celebrity, both at home and abroad, has been elected Superintendent of the Connecticut Retreat for the Insane, at Hartford; and from all we can gather, the presumption is that he will accept the offer. Of this, however, we shall hereafter have occasion to speak again. The question begins to be agitated—who shall be selected to fill the vacancy at Worcester, in case Dr. W. should leave? We have selected the man—but as it might be considered forestalling public opinion, and even surprise the gentleman on whom we have fixed, to announce his name, we forbear, desirable as it is, at this juncture, to remind the trustees of the existence of such a person.

Medical Almanac.—From editorial notices in several journals with which we exchange, besides private notices to the same effect, we learn with exceeding regret that copies of the Medical Almanac, for 1840, have

not been received. They were despatched to all the medical editorial corps more than a week before offered for sale in December last, and yet we have the mortification to learn that but a few ever reached the places to which they were directed. Those, particularly, for all the medical journals in Philadelphia, went in one package, in the care of a young lady, who kindly consented to take them in her trunk; yet Dr. Dunglison has not received one. This is the author's apology for any apparent neglect. How shall the volume be sent?

College of Physicians and Surgeons, New York.—By the annual catalogue it appears that one hundred and two students were matriculated. The faculty has done well, and the road to prosperity for the College is fairly open. Drs. Beck and Parker are the men to regenerate anything susceptible of re-animation. It would be good policy for the College to elect a few fellows in Boston—a city in which it would be much to the advantage of the school to have a few friends, to answer questions and state facts.

Smallpox of the Camel.—The following facts connected with smallpox, and communicated by M. Masson, a gentleman well known for his persevering, and highly successful antiquarian researches in central and upper Asia, will, I am sure, be interesting.

In the province of Lus, along the seacoast of Baloochistan, south west of Karachi, of which Bhala is the capital, and Somneanee the port, the milkers of camels affirm that they have a disease called "Photo Shootur." Smallpox, in Lus, is designated "Photo," so that the term "Photo Shootur" implies the smallpox of the camel, which is an eruption on the udder of that animal not more violent, and in its pustule similar to that on the udder of the cow. The camels while thus afflicted continue to give milk—which is largely drank by the inhabitants—but both the men and the women, who milk them, are invariably seized with a pustular disease similar to that on the camel's udder—on their hands and arms, never extending above the elbows. No one has ever been known to die from this eruption, and the natives themselves remark that those who have had the "Photo Shootur" are uniformly exempt from the smallpox, which is a disease occasionally endemic in the district.

Inoculation is known in Lus: the virus being taken from a person laboring with smallpox, and inserted on the wrist of healthy individuals, "children," who, if the operation is successful—which is not always the case—are seized with smallpox, not limited to the head and arm, but generally over the body—commonly mild, yet in some cases fatal.

Although the inhabitants are aware that the "Photo Shootur" is a preventive against smallpox, they do not inoculate with its virus, in a manner similar to what they do from the smallpox pustule, which frequently brings on a disease, believed by these people to be beyond the power of the native doctors, in so much so, that the relatives of the sick proceed to the shrine of some favorite saint, there by propitiatory offerings to invoke aid in favor of the diseased.—*India Journal of Med.*

Means of rendering Respirable an Atmosphere containing a portion of Carbonic Acid.—Professor Graham communicated to the chemical section

of the British Association, at their late meeting, an extremely important practical suggestion, one which may tend to the preservation of many lives.

He observed that the *after damp*, or carbonic acid, left in the atmosphere of a mine, after explosion, is supposed to occasion, in many instances, a greater loss of life than the explosion; at the same time it renders assistance impracticable. In many cases the oxygen of the air is not exhausted by the explosion, although, from the presence of five or ten per cent. of carbonic acid it is rendered irrespirable. The atmosphere will be rendered respirable by withdrawing the carbonic acid, and he suggested a method by which this might be effected. He found that a *mixture of slacked lime and powdered Glauber's salts, in equal proportions*, has a singular avidity for carbonic acid, and that air might be purified completely from that deleterious gas, and thus rendered respirable, by *inhaling it through a cushion of not more than an inch in thickness, filled with that mixture*, which could be done without difficulty. This lime-filter should be used in all cases where persons are obliged to descend into mines, vaults, wells, &c., the atmosphere of which is noxious to life from the presence of carbonic acid.—*American Jour. of Med. Sciences.*

Hudson Lunatic Asylum.—During the year 1839, 84 patients have been under the care of Drs. S. and G. H. White, the proprietors of this institution—to wit: Recent cases, 23; chronic do., 58; intemperate, 4.

Of the *recent cases* that were removed during the year, 15 recovered; 3 improved; 2 died. Of the *chronic cases* removed, 9 recovered; 11 much improved; 9 improved; 1 died. Of the *intemperate* removed, 2 reformed. Remaining under treatment, January 1st, 1840, 32.

Four hundred and fifty-one cases have enjoyed the benefit of this institution since it was opened, a period of nine years and a half. The quiet patients continue to enjoy family worship, as heretofore.

The Homœopathic Examiner.—A. Gerald Hull, M.D., is the editor of a new periodical with the accompanying cognomen, the first number of which was published in New York the first of January. It is issued monthly, at $5 per annum. We have only received No. 1. It will gratify us to receive the work regularly, and hence the publisher would confer a favor by sending on the succeeding numbers. We are open to conviction, and to show that we entertain no hostility to homœopathia or the scientific followers of Hahnemann, everything found in the Examiner which can be of interest or utility to the profession at large, will be transferred to the pages of our Journal.

Medical Miscellany.—In consequence of the appointment of Dr. Kimball to the care of the hospital recently established in the city of Lowell, the next course of surgical lectures in the Vermont Medical College will be given by Dr. Parker, the former professor of surgery in that institution; now of the College of Physicians and Surgeons in the city of New York. The prospects of the Woodstock institution are said to be decidedly more promising than at any former period.—Dr. Elisha Huntington has been re-elected mayor of the city of Lowell.—Mr. Nuttall is about delivering a course of lectures on botany, before the Lowell Institute in this city.—Mr. Teschmacher proposes giving a series of lectures in Boston, on the neglected science of mineralogy.—A new quack medicine has appeared in Vermont, called "*Jew David's Plaster*," which has an army

of patrons. It is said to take the lead of Brandreth's pills at the North. —The India Review and Journal of Foreign Science and the Arts, for July, 1839, together with some of the missing Nos. of the India Medical Journal, has but just been received at this office.—Dr. Wise has written a delightful account of Hooghly and Blandel, in the East Indies.—Dr. Richardson has entirely failed in the objects of his mission at the Court of Siam.—The Emperor of Siam, at last accounts, had peremptorily ordered all the opium at Bankok, to be delivered up—he follows the policy of the Chinese government. Five hundred chests were at once delivered to the public authorities, and the holders were compelled to give the names of the persons from whom they had received it—for his majesty was determined to fathom the mysteries of this abominable trade, and stop it at once, if there was power enough in the Empire to do it.—Silas Fuller, M.D., late physician of the Connecticut Retreat for the Insane, whose salary was $1000 per annum, and a house—and G. B. Hawley, M.D., apothecary of the same institution, whose salary was $300 and a house, have both resigned, and established themselves, in company, as general practitioners of physic and surgery, at No. 8 Kingsley street, in the city of Hartford.

To Correspondents, &c.—The communications of Drs. Flint, Swan and Wheeler, are received and will have an early insertion. Other papers are also on hand, some of which must be published with the omission of certain parts, or rejected altogether.—Subscribers are reminded that all letters and communications for the Journal, by mail, should be addressed to the publisher.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1840. Feb'ry.		THERM. 8 A.M.	THERM. 2 P.M.	THERM. 8 P.M.	BAROMETER. 8 A.M.	BAROMETER. 2 P.M.	BAROMETER. 8 P.M.	Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
1	Satur.	22	21	20	29.65	29.62	29.63	N E	Snow	Storm commenced at 8 A. M. 3 inches of snow fell.
2	Sun	5	26	24	29.72	29.68	29.59	N	Fair	
3	Mon.	16	25	18	29.30	29.29	29.29	N W	Fair	High wind—equally.
4	Tues.	−3	3	1	29.47	29.55	29.63	N W	Fair	
5	Wed.	−4	15	15	29.79	29.75	29.70	S W	Fair	Afternoon, hazy.
6	Thur.	21	35	35	29.60	29.65	29.63	S W	Fair	
7	Frid.	44	46	40	29.40	29.56	29.64	N W	Fair	Rain from 4 to 8 A. M.
8	Satur.	31	36	36	29.61	29.49	29.45	S W	Rain	
9	Sun.	35	52	46	29.45	29.45	29.40	S W	Fair	Hazy. Rain in the evening and night.
10	Mon.	36	42	39	29.00	28.95	28.85	N	Foggy	Dense fog. Cleared off in the night.
11	Tues.	28	29	28	29.06	29.18	29.20	N W	Fair	
12	Wed.	17	33	32	29.34	29.41	29.46	N W	Fair	Pleasant day.
13	Thur.	30	40	39	29.45	29.60	29.76	N W	Fair	Halo around the moon.
14	Frid.	27	34	34	29.96	29.83	29.71	S E	Cloudy	Rain and hail, and high wind, at night.
15	Satur.	31	32	26	29.21	29.44	29.59	N W	Fair	High wind.
16	Sun.	13	26	29	29.92	29.94	29.88	N W	Fair	Halo around moon—snow squall at night.
17	Mon.	27	44	41	29.73	29.74	29.75	S W	Fair	
18	Tues.	31	40	37	29.88	29.88	29.85	N	Cloudy	
19	Wed.	36	46	46	29.74	29.72	29.68	S W	Fair	Mild and pleasant.
20	Thur.	44	54	50	29.62	29.55	29.48	S W	Fair	Warm day—great waste of snow.
21	Frid.	42	46	42	29.54	29.60	29.57	N W	Fair	Shower from 2 to 3 A. M.
22	Satur.	38	46	47	29.64	29.75	29.68	S W	Fair	Thaw continues.
23	Sun.	50	57	52	29.44	29.36	29.28	S W	Fair	Warm day.
24	Mon.	36	36	35	29.35	29.40	29.41	N W	Fair	Wind changes in the night.
25	Tues.	28	30	31	29.42	29.40	29.39	N W	Fair	Light snow A. M.
26	Wed	25	33	45	29.44	29.30	29.30	S W	Cloudy	
27	Thur.	35	34	33	29.44	29.50	29.59	N	Cloudy	
28	Frid.	33	39	39	29.58	29.42	29.43	N E	Cloudy	Rain in the night.
29	Satur.	36	40	42	29.48	29 54	29.54	N W	Fair	Very pleasant day.

The early part of the month of February was cold; the latter part very mild, attended by warm rains and pleasant sun shine, which wasted the snow rapidly, and at the end of the month the ground was very much of it bare, with every indication of spring. No frost in the ground. The blue bird and robin have already made their appearance amongst us. Extremes of barometer, 29.85 and 30.96; thermometer, 4 below zero and 57 above.

Number of deaths in Boston for the week ending March 7, 47. Males, 21—females, 26—stillborn, 1.

Of consumption, 9—delirium tremens, 1—croup, 2—lung fever, 2—scarlet fever, 2—inflammation of the bowels, 2—dyspepsia, 1—infantile, 3—child-bed, 1—old age, 2—fits, 3—scrofula, 1—smallpox, 1—disease of the heart, 1—canker in the bowels, 1—dropsy, 1—intemperance, 1—marasmus, 2—cancer, 1—hooping cough, 1—dropsy on the brain, 1—diarrhœa, 1—canker rash, 1—apoplexy, 1—worms, 1.

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 *Washington street, Boston.*

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 724 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

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March 11—6m

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Boston, Nov. 20, 1839. ep1meop6m

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JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

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